

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

**Small PHA Plan Update
Annual Plan for Fiscal Year: 2001**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Iuka Housing Authority

PHA Number: MS26P075

PHA Fiscal Year Beginning: 07/2001

PHA Plan Contact Information:

Name: Onita Golden, Executive Director

Phone: (662) 423-9232

TDD:

Email (if available):

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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Attachments	
<input checked="" type="checkbox"/> Attachment _A_ (ms075a01): Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment _B_ (ms075b01): Capital Fund Program Annual Statement for FY 1999, FY2000 and FY 2001	
<input checked="" type="checkbox"/> Attachment _C_ (ms075c01): Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment _D_ (ms075d01): Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment _E_ (ms075e01): Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment _F_ (ms075f01): Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	

Attachment _G_ (ms075g01):Community Service Policy
Attachment _H_ (ms075h01):Pet Policy

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Housing Authority has attempted to provide all the necessary information and documentation for the annual and five year plan. We have included adopted new policies and procedures to comply with current regulation and guidelines. Our plan is focusing on improving the quality of life for our residents through training and education, security and physical improvements.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Housing Authority to achieve its mission and goals under the five plan has focused on improving the quality of life for its residents, promoting self-sufficiency through education and training, ensuring equal opportunity and fair housing, safe environment and physical improvements. We have entered into partnerships with community agencies and organizations. Under our capital fund program, we are making our developments more energy efficient, attractive and drug free. The Housing has included in this plan its adopted policy on Community Services and Pet Ownership.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 149,123

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment ☐ C

(2) Capital Fund Program Annual StatementThe Capital Fund Program Annual Statement is provided as Attachment **B****3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

Small PHA Plan Update

2. If yes, the comments are Attached at Attachment (File name) F
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.
- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment __F__.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction:(**State of Mississippi**)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
Resident Self-sufficiency and Capital fund programs
- ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) None

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

The Housing Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper notification for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet regulatory compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or Modification shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in statutory requirement for administration of Public Housing requiring public comment and/or public hearing.

B. Significant Amendment or Modification to the Annual Plan

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Additions of new activities not included in any current PHDEP Plan;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the

above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans

	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Iuka Housing Authority		Grant Type and Number Capital Fund Program Grant No: CIAP MS26P07590699 Replacement Housing Factor Grant No:			Federal FY of Grant: 07/01
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	13,000	26,000	26,000	13,000
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,000	38,925	38,925	4,325
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	104,375	68,450	68,450	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Iuka Housing Authority		Grant Type and Number Capital Fund Program Grant No: CIAP MS26P07590699 Replacement Housing Factor Grant No:			Federal FY of Grant: 07/01
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	133,375	133,375	133,375	17,325
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security -- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Part II: Supporting Pages

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Iuka Housing Authority		Grant Type and Number Capital Fund Program Grant No: CIAP MS26P07550100 Replacement Housing Factor Grant No:			Federal FY of Grant: 07/01
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations		64,710	-0-	-0-
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	7,200	-0-	-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,800	7,500	7,500	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	129,160	59,450	59,450	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	-0-	6,500	-0-	-0-
18	1499 Development Activities				
19	1502 Contingency	-0-	8,000	-0-	-0-
	Amount of Annual Grant: (sum of lines.....)	146,160	146,160	66,950	-0-
	Amount of line XX Related to LBP Activities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Iuka Housing Authority		Grant Type and Number Capital Fund Program Grant No: CIAP MS26P07550100 Replacement Housing Factor Grant No:			Federal FY of Grant: 07/01
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

Part III: Implementation Schedule

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Iuka Housing Authority		Grant Type and Number Capital Fund Program Grant No: CIAP MS26P07550101 Replacement Housing Factor Grant No:			Federal FY of Grant: 07/01
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	22,963			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,700			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	98,460			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	149,123			
	Amount of line XX Related to LBP Activities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Iuka Housing Authority		Grant Type and Number Capital Fund Program Grant No: CIAP MS26P07550101 Replacement Housing Factor Grant No:			Federal FY of Grant: 07/01
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-00 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	98,460			
	Collateralization Expenses or Debt Service				

Part II: Supporting Pages

PHA Name: Iuka Housing Authority		Grant Type and Number Capital Fund Program Grant No: MS26P07550101 Replacement Housing Factor Grant No:					Federal FY of Grant: 7/01		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
MS075 HA-Wide	Operations		1406	76 Units	22,963				
MS075-001	Fees and Costs A&E/Consultants		1430	26 Units	27,700				
MS075-001	Dwelling Structures: Window Replacement		1460	256	98,460				
	Total				149,123				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Iuka Housing Authority				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 7/01/02 – 6/30/03	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 7/01/03 – 6/30/04	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 7/01/04 – 6/30/05	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 7/01/06 – 6/30/06
	Annual Statement				
PHA Wide		27,963	27,963	27,963	78,923
Hiett Circle MS075-003		121,160		121,160	70,200
Oak Grove MS075-001			121,160		
Total CFP Funds (Est.)		149,123	149,123	149,123	149,123
Total Replacement Housing Factor Funds					

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2002 FFY Grant: MS26P075-503-02 PHA FY: 7/01/02 – 6/30/03			Activities for Year: 2003 FFY Grant: MS26P075-503-02 PHA FY: 7/1/03 – 6/30/04		
	Operations		27,963	Operations		27,963
	A&E/MOD Coordinator		30,200	A&E/MOD Coordinator		30,200
	Hiatt Circle 003			Oak Grove 001		
	Window Replacement	160 windows 26 Units	90,960	Air Conditioning/Hot Water Heaters	26 Units	90,960
	Total		149,123			149,123

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2004 FFY Grant: MS26P075-503-02 PHA FY: 7/01/4 – 6/30/05			Activities for Year: 2005 FFY Grant: MS26P075-503-02 PHA FY:		
	Operations		27,963	Operations		32,963
	A&E/MOD Coordinator		30,200	MOD Coordinator		15,200
	Hiatt Circle 003			Oak Grove /Hiatt Circle 001/003	76 Units	
	Air Conditioning/Hot Water Heater	50 Units	90,960	Ground Improvements		35,000
				Playground Equipment		20,000
				Stoves and Refrigerators		45,960
	Total		149,123			149,123

Required Attachment __D__: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☒ Other (explain): **The U. S. Congress exempt public housing residents from serving on a Housing Authority Board in Mississippi.**

B. Date of next term expiration of a governing board member:

Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment _E_: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Ms. Vickie Bennett 107-A Oak Grove Iuka, MS 38852

Ms. Pauline Stafford 126 Hiatt Circle Iuka, MS 38852

Ms. Nina Colin 102 Hiatt Circle Iuka, MS 38852

Mr. William Rasmire 118 Hiatt Iuka, MS 38852

SELECTION OF RESIDENT ADVISORY BOARD MEMBERS:

The Resident Advisory Board consist of four (4) members. They are selected by the resident body to serve a one year term ending December 31. Any vacancy on the Board is replaced at a quarterly meeting.

ATTACHMENT F

COMMENTS OF RESIDENT ADVISORY BOARD

The Resident Advisory Board met on Wednesday, March 7, 2001, at the office of the Housing Authority to review the annual and five year plan. They agreed with the plan and support the efforts of the Housing Authority for funding. Their only concerns were that the apartments be renovated inside, air conditioning, security windows and doors. These items were covered in the plan which call for no revision in the plan.

COMMUNITY SERVICE REQUIREMENT

The Housing Authority of the City of Iuka, Mississippi will administer the community service requirement as follows:

1. Locate potential work sites for those residents required performing voluntary work and maintaining a listing of those sites. Information concerning the work sites will be furnished to residents for advice and counseling only. The resident is ultimately responsible for locating a work site and performing the required hours in compliance with Federal Law.
2. Screen resident records for those who are required to perform community service and provide notification of the requirements. New residents will be informed of the requirements prior to move-in.
3. Prepare and furnish to affected residents a form for third party certification of the community work or self-sufficiency requirement. The completed form will be returned to the Housing Authority and placed in the resident's file.
4. Review or obtain the resident's certification ninety days prior to annual reexamination. If the resident has failed to fulfill the community work or family self-sufficiency requirement, the resident will be notified not less than thirty days prior to lease expiration of the noncompliance. The resident will also be advised that the determination of noncompliance is subject to the Housing Authority grievance procedure; and that unless the resident and the Housing Authority enter into a suitable agreement for the resident to cure the noncompliance, the resident's lease will not be renewed and the Housing Authority will take eviction action. If an agreement is reached the resident will be required to make up lost hours.

Each adult resident must contribute eight (8) hours per month of community service, or participate in an economic self-sufficiency program for eight (8) hours per month, unless exempt from this requirement for one of the following reasons:

- ☐ Is 62 years or older;
- ☐ Is blind or disable as defined by the Social Security Act, and who is unable to comply with this requirement, or is a primary caretaker of such individual;
- ☐ Is engaged in a work activity as defined by Social Security Act;
- ☐ Meets the requirements for being exempted from having to engage in a work activity under the State program funded by the Social Security Act, or under any other Mississippi welfare program, including a State administered welfare to work program; and has not been found by the State or other administering entity to be in noncompliance with such program; and

Is in a family receiving assistance under a State program funded by the Social Security Act, or under any other Mississippi welfare program, including a State administered welfare to work program, and has not been found by the State or other administering entity to be in noncompliance with such program.

THE HOUSING AUTHORITY OF THE CITY OF IUKA, MISSISSIPPI ATTACHMENT H
PET POLICY

The Pet Policy set forth herein is reasonably related to the following legitimate interests of the Iuka Housing Authority (PHA), including, but not limited to:

- (a) The PHA's interest in providing a decent, safe and sanitary living environment for existing and prospective Residents;
- (b) Protection and preserving the physical condition of the property of the PHA and the housing located thereon; and
- (c) The PHA's financial interests in the property administered by this Housing Authority. Residents occupying units administered by the Iuka Housing Authority shall be allowed to house pets on either a temporary or permanent basis, provided by this provision. The Applicant and any Resident must also provide certification from a licensed medical reference. Only after such certification has been received by this Housing Authority, **in writing**, will a Resident be permitted to keep and maintain a pet. The rules set forth herein specify the procedure for obtaining the necessary approval to keep and maintain a pet on this Housing Authority premises and set forth the rules which govern the keeping of such pets. Residents requesting permission to have a pet will be permitted a limit of one (1) pet per household (Dwelling Unit).

(1) SELECTION CRITERIA:

- (a) Management Approval: Prior to a pet being accepted for keeping in a Dwelling Unit the proposed owner must prepare and submit an "*Application to Keep a Pet*". The Resident and this Housing Authority must enter into a "*Pet Agreement*".

In addition to executing the "*Pet Agreement*", the Resident must submit to this Housing Authority documented proof of the proposed pet's health, suitability and acceptability in accordance with provisions outlined in "Standards" below. Pets must be registered with this Housing Authority before the pet is brought onto the premises and annually thereafter.

Registration includes:

1. Certificate signed by a licensed veterinarian or designated State or local authority or agent, stating that the pet has received all inoculations required by State or local law;
2. Statement signed by a licensed veterinarian that the animal is in good health, has no communicable diseases or pests, and, in the case of dogs and cats, is spayed or neutered. Cats must also be declawed;
3. Name, address, and phone number of one or more responsible parties to care for the pet if the owner dies, is incapacitated or unable to care for the pet;
4. Execution of a "*Pet Agreement*" stating that the Resident accepts complete responsibility for the care and cleaning of the pet and acknowledges the applicable rules;
5. Pet must be licensed in accordance with applicable State and local laws and regulations.

Registration will be coordinated with the annual reexamination date. Approval for the keeping of pet shall not be extended until the requirements specified above have been met, and in no event will approval of other than the common household pets be extended.